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Substitute for form 1449A/PTO			Complete if Known		
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INF	ORMATION DIS	CLOSURE	Filing Date	October 16, 2003	
STATEMENT BY APPLICANT			First Named Inventor	Robert Cronch	
			Art Unit		
	(Use as many sheets as ne	cessary)	Examiner Name	_	
heet	1	of 1	Attorney Docket Number	STI 11150	

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Examiner Initials*	Cite No.1	Document Number Number-Kind Code ^{2 (d known)}	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No. ¹	Foreign Patent Document Country Code 3-Number 4-Kind Code 5 (// known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	Τ ⁶
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Examiner Signature /Paul Contino/	Date Considered	09/21/2007
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